

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-4991.M5**

MDR Tracking Number: M5-05-1167-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-05-04.

The IRO reviewed physical performance testing rendered on 04-20-04 and 06-24-04 that were denied based upon "U" and "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-31-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT codes 97545 and 97546 dates of service 07-07-04, 07-08-04, 07-09-04, 07-12-04 and 07-13-04 were denied with denial code "V" (unnecessary treatment with peer review). These services were preauthorized. Per Rule 134.600(b)(1)(B) "the carrier is liable for all reasonable and necessary medical costs relating to the health care". Per Rule 133.307(e)(2)(A) the requestor did not provide HCFA's for review. Reimbursement cannot be determined by the Medical Review Division.

This Findings and Decision is hereby issued this 22<sup>nd</sup> day of February 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh  
Enclosure: IRO Decision

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**Fax 512/491-5145**

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

February 11, 2005

**Re: IRO Case # M5-05-1167-01**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Preauthorization for WC program 6/30/04
4. Description of WC program Dr. Fields
5. PPE reports 4/20/04, 6/24/04
6. Review 5/21/04
7. Faxes from Dr. Fields
8. Treatment notes and interim report Dr. Fields

### History

The patient injured her lower back and left elbow in \_\_\_\_ when she slipped and fell. She has been treated with chiropractic care and therapeutic exercises. Two Physical performance evaluations are in dispute.

### Requested Service(s)

Physical performance test 4/20/04, 6/24/04

### Decision

I agree with the carrier's decision to deny the requested tests.

### Rationale

The patient received extensive treatment for a grade 1 sprain/strain of the lumbar spine and left elbow. Her condition was complicated by degenerative changes in the lumbar spine. Based on the records provided for review, treatment was of some benefit to the patient, but treatment was over utilized and inappropriate for minor soft tissue injuries. The records provided indicate that the patient was able to engage in all activities of daily living, including walking, bending, stooping, reaching, lifting, carrying and automobile without evidence of impairment. But at the same time, the patient was unable to return to work with restrictions. The patient could perform normal ADLs, but was not able to perform similar tasks during as part of a physical performance evaluation, suggesting that there may have been symptom magnification.

The D.C.'s examinations and notes failed to support the need for a high level procedure such as a physical performance evaluation. Based on the records provided for review, the patient should have been placed on a home-based exercise program after 4-6 weeks of treatment and returned to work.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP